



WHITE PAPER: SCHOOL-BASED HEALTH CENTERS

Background

Governor Schwarzenegger believes that California's public schools should serve as community centers. Some of our best schools already do this, keeping their doors open from 6 am to 6 pm and offering comprehensive before and after-school programs, health and fitness centers, parental literacy and computer classes and much more.

Providing California's children with access to health care is another excellent example of using our schools as community centers. California has more than 6 million students in K-12 public schools, representing 60 percent of all the children living in our state, which makes school-based health centers (SBHCs) an extremely efficient and effective way to provide critical health services. Every dollar the state spends on providing health care to our children in this way leverages federal and other resources.

The use of SBHCs will be a topic at Governor Schwarzenegger's Summit on Health Care Affordability at the University of California Los Angeles on July 24. In conjunction with the summit, the Governor is setting a goal of expanding SBHCs to 500 elementary schools.

Currently California has more than 5,500 elementary schools serving over 2,700,000 students; of these, 1,600,000 are from low-income families. There are approximately 51 SBHCs serving these students.

The purpose of this document is to provide an overview of:

- 1) The impact of SBHCs on affordability and access
- 2) SBHCs nationally and in California
- 3) SBHCs and Golden State policy
- 4) Next steps

The Impact of SBHCs on Affordability and Access

SBHCs are health centers that provide services to students directly on school campuses, at off-site facilities that are linked to one or more schools or in mobile vans that serve multiple campuses.

The types of services provided by SBHCs vary, from those available in clinics housing full-time medical staff versus smaller part-time clinics with minimal staff. Medical services can include comprehensive physical and mental health assessments; screenings, diagnosis and treatment of acute illnesses and chronic conditions, health education, immunizations, counseling, physicals, referrals and follow up.

The goals of SBHCs are to prevent children from getting sick, promote overall health and well-being, enhance the delivery of primary and preventative services and improve attendance and performance at school. Providing children with primary and preventative health care reduces the likelihood that they will later require treatment for chronic long-term conditions. Many children who use SBHCs are underserved, face significant barriers to care and lack health insurance.

Research shows that SBHCs increase access to care, reduce health disparities and increase savings to families and the Medicaid program as the result of reductions in emergency room care.

- A study by John Hopkins University found that SBHCs reduce emergency room use, increase the use of primary care and result in fewer hospitalizations among regular users.
- An Emory University School of Public Health study attributed a reduction in Medicaid expenditures related to inpatient, drug and emergency department use to SBHCs.
- Emergency room visits for asthma were approximately 50 percent lower in New York City schools with SBHCs than those without.

SBHCs Nationally and in California

Forty-five states and the District of Columbia have SBHCs. Twenty states support SBHCs with funding from state general funds, tobacco taxes, settlement funds and health grant funds; other funding sources include Medicaid, SCHIP, private insurance, and foundation and private funding. Twenty states have state-level management of SBHCs program and policy development. New York leads the nation with 194 SBHCs. California is second with 146.

Profile of SBHCs in California¹

Basic data

- California has 9,232 public K-12 schools that serve 6,034,629 students.²
- An estimated 262,000 California students received health care from SBHCs in the 2003-2004 school year.
- 119 SBHCs are located on school campuses, 27 are offsite or in vans and serve multiple schools.
- 51 percent are in urban areas, 35 percent in suburban areas and 11 percent in rural parts of the state.³

Populations Served

- California's SBHCs are primarily located in areas that serve vulnerable populations.
- Over 21 percent of children in school districts with SBHCs live at or below the federal poverty level, compared to 15.3 percent of children in school districts without these centers.⁴
- The majority of SBHCs are located in schools with Academic Performance Index (API) rankings in the bottom 50 percent of all schools and more than one third are in schools in the bottom 10 percent.

Funding

- California is one of only nine states nationally that does not specifically allocate state funds to support SBHCs. As a result, California's school districts contract directly with local health clinics and hospitals to provide these services. Financing for these programs is provided by the Children's Health and Disability Prevention Program, Medi-Cal, Family PACT and the Healthy Families Program, often coupled with grant funding from local and private sources.
- Some SBHCs that bill public programs may not recover all of their operating costs. In addition, SBHCs generally do not qualify as primary care providers and thus cannot bill Medi-Cal managed care plans or the Healthy Families Program directly. This is one of the issues that the administration will be addressing in moving forward with the initiative for SBHCs expansion.

SBHCs and Golden State Policy

California has no statewide policy, law, program or funding infrastructure to specifically support SBHCs. SBHCs vary in the type and quality of care and there is no single data source that accurately tracks their operations. It is noteworthy that the public health community considers SBHCs an effective tool to enroll uninsured, eligible children in the Healthy Families and Medi-Cal programs, especially given their location in school districts serving low-income students.

Next Steps

- Since taking office, Governor Schwarzenegger has continuously demonstrated his support for expanding health services to children. Consistent with that commitment, his administration will work with healthcare and education stakeholders and legislative leaders to develop an initiative to support and expand SBHCs to 500 elementary schools—reflecting the importance of focusing on children in their early years.
- The administration's recommendations will address the following issues:
 1. Current barriers facing SBHCs including but not limited to: a) availability and financing of facilities; and b) public program participation and reimbursement rules.
 2. The definition of community-appropriate roles for SBHCs, including scope of services.
 3. Ensuring that any state support for existing SBHCs leverages new resources, and supplements but does not replace current resources.
 4. Ensuring that any state support for new SBHCs is structured to leverage other funding sources.
 5. A method to collect and analyze data.
- The Governor has simultaneously directed his administration to continue exploring Medi-Cal cost savings, which will be important to ensure the expansion of SBHCs.

¹ California School Health Centers Association, "Overview of California's school Health Centers"

² California Department of Education, 2005 report, "Free and Reduced Price Meals/CalWORKS - School Level Files"

³ During the 2003-2004 school year

⁴ Loc.Cit.

ON THE RECORD: GOVERNOR SCHWARZENEGGER AND CHILDREN'S HEALTH CARE

Since taking office, the Governor has:

- Rebuilt enrollment and outreach efforts for Medi-Cal and Healthy Families programs that had previously been eliminated. Provided more than \$80 million in his 2006-07 budget to enroll and retain all children eligible for these programs.
- Increased enrollment for children's health care through the Healthy Families Program by nearly 12 percent since taking office. Under the Governor's leadership, more than four million low-income children currently have state health coverage.
- Expanded California's Newborn Screening Program, which serves more than 99 percent of all newborns, to screen for 73 genetic disorders and provide access to treatment for any identified conditions.
- Signed legislation to remove mercury from vaccines administered to pregnant women and children under age 3.
- Expanded local community health center grants for children's asthma control programs by \$3 million.
- Continued efforts to prevent childhood lead poisoning, particularly among Latino children, by prohibiting the sale of imported candies with high lead levels and strengthening the state's monitoring of lead content in candy.
- Provided \$10 million for the Early Mental Health Initiative, which offers services to students in kindergarten through third grade who are experiencing mild to moderate school adjustment difficulties.
- Supported county efforts to offer low-cost health coverage to children not eligible for the Healthy Families Program or Medi-Cal by providing technical assistance to counties and allowing county programs to buy into the Healthy Families Program.
- Obtained federal approval for an innovative pilot program that enabled four Bay Area counties to access federal money to expand health care coverage to an estimated 3,000 more low-income children through the Healthy Families Program.
- Received national recognition for the BabyBIG® infant botulism antidote, a safe and highly effective tool in reducing the severity of illness for babies in California and across the nation.